

August 30, 2016  
Part D Plan Design Compare

	Aetna			Envision		
Monthly Rate	\$209.00	\$190.00	\$84.68	\$224.58	\$191.84	\$113.19
	<u>Current Benefit Plan Design</u>	<u>Alternate Plan Design</u>	<u>Low Cost Option</u>	<u>Option 1A (Current Plan Design)</u>	<u>Option 2A</u>	<u>Option 3 A</u>
	<u>Network Retail 30 days</u>	<u>Network Retail 30 days</u>	<u>Preferred/Standard Network Retail 30 days</u>	<u>Network Retail 30 days</u>	<u>Network Retail 30 days</u>	<u>Network Retail 30 days</u>
Deductible	\$0	\$0	\$100	\$0	\$0	\$400.00
Payment through coverage gap (\$3,700- \$4,950)	yes	yes	Only Generic Covered	yes	yes	no
Tier 1 Generic	25% to a maximum of \$30	25% to a maximum of \$30	\$8/\$20 or cost of drug whichever is less in preferred	25% to a maximum of \$30	25% to a maximum of \$30	25% coinsurance
Tier 2 Preferred Generic	25% to a maximum of \$30	25% to a maximum of \$30	\$15/\$20 or cost of drug whichever is less	25% to a maximum of \$30	25% to a maximum of \$30	25% coinsurance
Tier 3 Preferred Brand Name	25% to amaximum of \$100	25% to amaximum of \$100	\$40/\$47 or cost of drug whichever is less	25% to amaximum of \$100	25% to a maximum of \$100	25% coinsurance
Tier 4 Non preferred Generic and Brand Name	50% to a maximum of \$150	50% to a maximum of \$150	\$80/\$100 or cost of drug whichever is less	50% to a maximum of \$150	50% to amaximum of \$150	25% coinsurance
Tier 5 (Specialty)	33% (30 day supply) to a maximum of \$100	25% (30 day supply) no maximum	25% (30 day supply) no max	33% (30 day supply) to a maximum of \$100	33% (30 day supply) no coinsurance max	25% (30 day supply) coinsurance
Out of Pocket	\$4,950	\$4,950	\$4,950	\$4,950	\$3,300	\$4,950
IF Out of Pocket expenses exceeds:	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: \$0	Generics: greater of 5% Coinsurance \$3.30
	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: \$0	Brand: the greater of 5% Coinsurance \$8.25
	<u>Network Retail 60 days</u>	<u>Network Retail 60 days</u>	<u>Preferred/Standard Network Retail 60 days</u>	<u>Network Retail 60 days</u>	<u>Network Retail 90 days</u>	<u>Network Retail 90 days</u>
Tier 1 Generic	25% to a maximum of \$30	25% to a maximum of \$30	\$16/\$40 or cost of drug whichever is less	25% to a maximum of \$30	25% to a maximum of \$90	25% coinsurance
Tier 2 Preferred Generic	25% to a maximum of \$30	25% to a maximum of \$30	\$30/\$40 or cost of drug whichever is less	25% to a maximum of \$30	25% to a maximum of \$90	25% coinsurance
Tier 3 Preferred Brand Name	25% to a maximum of \$100	25% to a maximum of \$100	\$80/\$94 or cost of drug whichever is less	25% to a maximum of \$100	25% to a maximum of \$300	25% coinsurance
Tier 4 Non preferred Generic and Brand Name	50% to a maximum of \$150	50% to a maximum of \$150	\$160/\$200 or cost of drug whichever is less	50% to a maximum of \$150	50% to a maximum of \$450	25% coinsurance
Tier 5 (Specialty)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)
	<u>Network Retail 90 days</u>	<u>Network Retail 90 days</u>	<u>Preferred/Standard Network Retail 90 days Retail/Mail</u>	<u>Network Retail 90 days</u>	<u>Network mail order 90 days</u>	<u>Network mail order 90 days</u>
Tier 1 Generic	25% to a maximum of \$45	25% to a maximum of \$45	\$16 or cost of drug whichever is less	25% to a maximum of \$45	25% to a maximum of \$45	25% coinsurance
Tier 2 Preferred Generic	25% to a maximum of \$45	25% to a maximum of \$45	\$30 or cost of drug whichever is less	25% to a maximum of \$45	25% to a maximum of \$45	25% coinsurance
Tier 3 Preferred Brand Name	25% to a maximum of \$150	25% to a maximum of \$150	\$80 or cost of drug whichever is less	25% to a maximum of \$150	25% to a maximum of \$150	25% coinsurance
Tier 4 Non preferred Generic and Brand Name	50% to a maximum of \$225	50% to a maximum of \$225	\$160 or cost of drug whichever is less	50% to a maximum of \$225	50% to a maximum of \$225	25% coinsurance
Tier 5 (Specialty)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)	N/A (can only be done in a 30 day supply)
Out of Pocket	\$4,950	\$4,950	\$4,950	\$4,950	\$3,300	\$4,950
IF Out of Pocket expenses exceeds:	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: greater of 5% Coinsurance \$3.30	Generics: \$0	Generics: greater of 5% Coinsurance \$3.30
	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: the greater of 5% Coinsurance \$8.25	Brand: \$0	Brand: the greater of 5% Coinsurance \$8.25